

rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

VETERANS PAIN CARE ACT

(Mr. WALZ of Minnesota asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WALZ of Minnesota. Mr. Speaker, today I rise because I am introducing the Veterans Pain Care Act of 2008. This bill will require the Secretary of the VA to develop and implement a comprehensive policy on pain management for veterans enrolled in the VA health care system and to carry out a program of research, training and education on acute and chronic pain.

Modern warfare leads to serious, but survivable, injuries. While advances in medical technology have saved lives, many of our wounded soldiers have been afflicted by acute and chronic pain. Pain is a leading cause of disability among veterans. As a result, providing adequate pain management is a crucial component to improving veterans' welfare.

The Department of Veteran Affairs has pain care programs, but a comprehensive plan isn't consistently enforced across the system. My legislation will give the VA the necessary tools to serve the needs of our veterans.

This bill has the support of a wide range of organizations. I would like to enter into the RECORD a letter of support from 50 organizations in the Pain Care Coalition.

The Senate companion to this bill has the support of both the chairman and the ranking member of the Senate Veterans' Affairs Committee. I am hopeful that this will garner bipartisan support for this legislation in the House and be passed to support our veterans.

PAIN CARE COALITION,
Washington, DC, May 15, 2008.

Re Veterans Pain Care Act of 2008

Hon. TIM WALZ,
House of Representatives, Longworth House Office building, Washington, DC.

DEAR CONGRESSMAN WALZ: The Pain Care Coalition applauds your leadership in championing the Veterans Pain Care Act. We enthusiastically support the measure, and pledge the assistance of our organizations as you move the bill forward in the House. As your bill mirrors bi-partisan legislation under consideration in the Senate, and complements a DoD pain care initiative included in the House FY 2009 Defense Authorization bill, we are optimistic that it will receive wide support.

Pain is a huge public health problem for veterans. Virtually every service member injured in current and past conflicts experienced acute pain at the time of injury. Many others suffered acute pain in connection with non-combat related injury or disease. For too many, the acute pain progresses to a chronic pain condition that threatens the veteran's basic quality of life. These same chronic pain conditions can be cost "drivers" in VA health and disability systems. With prompt and aggressive treatment, much

acute pain can be alleviated, and much chronic pain avoided or managed.

The Department of Veterans Affairs is doing much to provide good pain care and advance important pain research, but much, much more remains to be done. Your bill will make pain care a national priority within the VA health care programs. Millions of veterans who have served our country deserve no less.

Respectfully submitted,

RICHARD ROSENQUIST,
Chair.

CONSENSUS STATEMENT SUPPORTING THE CONGRESSIONAL MILITARY PAIN BILL AND THE VETERANS PAIN BILL

Acute and chronic pain afflicts both military personnel and veterans in proportions far exceeding the general population. Pain is the leading cause of disability among veterans. Characteristics of modern warfare produce serious, but survivable, injuries to the central and peripheral nervous systems that inflict terrible acute pain and lead to chronic pain in many cases. Providing adequate pain management is a crucial component to improving military and veteran health care. A growing number of wounded veterans are experiencing long-term problems with chronic pain; left untreated, pain can have life-long consequences.

As members of organizations dedicated to improving the lives of veterans and military personnel and organizations dedicated to improving the quality of pain management, the undersigned organizations support and urge passage of legislation to improve pain care for active duty military and veterans. In particular we support legislation which:

Requires Uniformed Service Secretaries to implement a comprehensive pain care initiative to require prompt assessment and reassessment of pain in all health setting; emphasizes assessment, diagnosis, treatment & management of pain as an integral part of military health care; and deploys acute pain services to all combat support hospitals and, where feasible, on the battlefield.

Requires Tricare plans to provide pain care services that ensure appropriate assessment, diagnosis, treatment and management of acute and chronic pain and provide comprehensive interdisciplinary services for hard to treat chronic pain patients.

Requires the Department of Veterans Affairs to implement in VA health facilities and programs a pain care initiative comparable to that required for DOD programs.

Requires the VA to increase its research effort in the areas of acute and chronic pain, including identifying priority research areas most relevant to veterans.

Requires the VA to emphasize education and training of VA personnel in pain management.

Establishes cooperative research center for acute and chronic pain, including one with a special focus on central and peripheral nervous system damage.

Directs the GAO to evaluate the consistency of military and veteran pain care services across different programs, facilities, demographic groups and geographic areas; and

Assesses the adequacy and appropriateness of pain care services based on performance measures previously adopted by the VA.

Signed:

Air Compassion for Veterans.
Alliance of State Pain Initiatives.
Alpharma Pharmaceuticals LLC.
American Academy of Pain Medicine.
American Association of Diabetes Educators.
American Cancer Society.
American RSDHope.
Ava Mina Pain Clinic.

The American Chronic Pain Association.
American Headache Society.
American Pain Foundation.
American Pain Society.
American Pharmacists Association.
American Society of Anesthesiologists.
American Society for Pain Management Nursing.

Amputee Coalition of America.
AVANCEN LLC.
Boston Scientific.
Brave New Foundation.
Cause.
Cephalon, Inc.
Comfort Care Unlimited.
Coming Home Project.
Endo Pharmaceuticals.
Florida Pain Initiative.
HealthSouth Valley of the Sun Rehabilitation Hospital.
Homes for Our Troops.
Jacob's Light Foundation, Inc.
Indiana Hospice and Palliative Care Organization.
Indiana Pain Initiative.
Iraq and Afghanistan Veterans of America.
Medtronic, Inc.
Michigan Cancer Pain Initiative.
Missouri Pain Initiative.
Montana Cancer Control Coalition.
National Fibromyalgia Research Association.
National Pain Foundation.
National Veterans Legal Services Program.
National Vulvodynia Association.
One Freedom, Inc.
Operation Helmet.
Operation Home Front.
Pain Care Coalition.
Pain Connection.
Pain Treatment Topics.
P.A.N.D.O.R.A.
Project Return to Work, Inc.
Purdue Pharma L.P.
Reflex Sympathetic Dystrophy Syndrome Association.
South Dakota Injured Workers Coalition.
St. Jude Medical's Neuromodulation Division Advanced Neuromodulation Systems.
Swords to Plowshares.
The Pathway Home (Veterans Home of California).
There is Hope . . . for Chronic Pain.
Veterans for America.
Washington—Alaska Pain Initiative.

MONEY WOULD BE BETTER SPENT TO FIND CURES AND TREATMENT FOR DISEASES, NOT FOR MORE WEAPONS OF MASS DESTRUCTION

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Mr. Speaker, in the next day or two, this House will consider funding the war in Iraq and also we will be thinking and have been thinking about our colleague in the Senate and the father of one of our Members, Senator TED KENNEDY. We will think about Hamilton Jordan, who passed away also.

Senator KENNEDY suffers from a brain tumor. Hamilton Jordan suffered from cancer. When you think about how many dollars we have spent on that war effort and what those dollars could do to cure diseases of people here on Earth, I would submit, Mr. Speaker, we need to put more money into curing disease, finding treatments and cures,